

Research, Grants, Initiatives, and Technology

CHAPTER 4

This section looks at both new and existing efforts in the fields of research and prevention, at grant funding, and at the technical tools that drive and document these efforts.

The DMHA is statutorily mandated to study mental health, mental illness, and addiction in Indiana. The DMHA takes this role seriously and runs or sponsors several continuing research projects, some of which are highlighted below. These initiatives are funded through a combination of state and federal funds.

RESEARCH

Indiana Consortium for Mental Health Services Research: This is an interdisciplinary initiative that brings together academic researchers from Indiana universities, government leaders, consumers, and advocates to discuss and study the interface of the community and the mental health treatment system. This group focuses on developing high quality scholarly and applied research projects on mental health and related services for people with severe mental disorders.

Larue D. Carter Memorial Hospital: Carter Hospital operates a biomedical research program consisting of inpatient beds funded by a combination of federal and state resources and private grants. Investigations of new treatments and modifications of standard treatments for schizophrenia, bipolar disorder, and other major mental illnesses are conducted with patients on inpatient units. Patients may receive neuro-physiological studies and neuro-psychological evaluations before, during, and following participation in a research study.

Indiana Prevention Resource Center: The “IPRC” at Indiana University, Bloomington, runs a longitudinal study of prevalence of alcohol, tobacco, and other drug use by Indiana children and adolescents. The study provides data for statewide and local planning and program evaluation. The IPRC, which is partially funded by the DMHA, designs and conducts this survey with the cooperation of school districts throughout Indiana.

GRANTS

SAMHSA CMHS State Reform Grant: The purpose of this ongoing grant is to integrate the Hoosier Assurance Plan (HAP) management information systems and to build upon current performance and outcome measures to improve the DMHA’s data systems.

SAMHSA CMHS 16 State Pilot Indicator Grant: This grant project is designed to facilitate the development and implementation of a performance indicator pilot project utilizing indicators selected in the CMHS Five-State Feasibility Assessment Project. This project supports additional pilot testing of the HAP Provider Profile Report Card indicators.

SAMHSA CMHS-funded Biennial Conference: The 2000-2001 biennium saw the first DMHA “biennial conference.” The DMHA plans to hold this large state-wide conference every two years, and it

is anticipated that each conference will have a unique focus, with topics centering around best practice models. The first conference, held in February 2001, was entitled “Building Case Management Programs for the New Millennium.” This conference was designed to provide mental health and addiction service providers, consumers, and their families with information on how to successfully implement and benefit from case management. There were over 465 attendees from around the state.

Rapid Response Research Project: Supporting research and training in mental health and addiction is part of the mission of the DMHA. A very effective manner for providing this support and for obtaining academic expertise for DMHA initiatives is through small contracts and projects. These projects often fit within a semester or summer and can be used to develop new information on services, to help evaluate the Indiana system, to train and further the interest and expertise of educators in mental health and addiction services research, and to stimulate development of other similar endeavors.

To help finance these small projects in the time frames that are appropriate, DMHA initiated the “Rapid Response Research” project. This project identified a single academic organization as a contractor, who then was able to subcontract for services to a wide range of academic and professional resources. Initially, the program resided within the Indiana Consortium for Mental Health Services Research (ICMHSR). In SFY 2001 it was expanded to include two agencies, ICMHSR and the Department of Psychology at IUPUI. In SFY 2002 the project will be moved to the Indiana University Office of Sponsored Programs.

Projects funded under this program during the biennium include:

- **ACT Standards:** The Indiana University Purdue University at Indianapolis, Indiana (IUPUI) Department of Psychology worked with DMHA staff, providers, and other national experts to develop standards for Assertive Community Treatment.
- **APS (Adult Protective Services) Report Card:** This project interviewed investigators from Adult Protective Services to develop a report card on DMHA providers from the perspective of this important constituent group.
- **Case Management Conference:** The Rapid Response project funded the curriculum development, honorariums, and travel for faculty to DMHA’s successful case management conference. That conference helped initiate DMHA’s Assertive Community Treatment program.
- **Church Based Needs Assessment:** Support was given to perform a church based needs assessment of mental health needs in the Indianapolis African-American community.
- **Economics Grant Application:** This project supported development of an application through the National Institute on Alcohol Abuse and Alcoholism (NIAAA) for a research project on economics of addictions treatment.
- **HAPI-C Coding:** DMHA developed the Hoosier Assurance Plan Instrument-Children (HAPI-C), a new level-of-functioning instrument for children and adolescents. This project funded the coding and initial evaluation of over 2,000 evaluations during a pilot project.
- **National Alliance for Mental Illness (NAMI) Conference Group Presentation:** Support was given so that members of the National Alliance for Mental Illness in Indiana could present to the national conference on Indiana’s mental health system.
- **Provider Report Card Project:** Under this project, IUPUI faculty brought together a team of family members and consumers to interview provider management staff and develop report cards.
- **Quality Assurance for State Operated Facilities:** This project supported the Commission on State Operated Care Facilities by obtaining out-of-state expertise on quality assurance for a two day seminar.
- **State Operated Facility (SOF) Follow Up:** This extended the Central State Hospital tracking project to include patients leaving other state psychiatric hospitals after long term stays.

- **Staff Based Needs Assessment (PTSD):** This project supported IUPUI faculty in studying the effects of Post Traumatic Stress Disorder on individuals with an existing serious mental illness.
- **These Are My Experiences (TAME):** The TAME Study focuses on the foster child's transition into adulthood.

INITIATIVES

Synar Amendment: The 1992 Synar Amendment gives states financial incentive to enforce youth tobacco access laws by placing a penalty on federal Substance Abuse Prevention and Treatment (SAPT) block grant funds in states which fail to achieve and maintain negotiated rates of vendor noncompliance with those laws. In 2001, Indiana risked the loss of over \$13 million if there was a failure to meet the Synar target rate. Jeopardized funds pay for substance abuse prevention and treatment services. The Synar study involves the inspection of about 900 randomly chosen tobacco retailers to measure compliance with youth tobacco access laws. To date, Indiana has been successful in meeting its annual target rates. Indiana was required to find no greater than 24% noncompliance in 2000, no greater than 23% in 2001 and no greater than 20% beginning in 2002. In 2000, the study found that 21.7% of vendors were willing to sell tobacco to kids. To assure that Indiana continues to meet Synar targets, however, continued emphasis should be placed on vendor adherence to youth tobacco access laws. Although Indiana has seen declines in youth tobacco use over the past three years, tobacco use by Indiana youth still exceeds national averages.

The following letter was written by a 14 year old teenager to his cigarettes.

"I've been smoking you for about six months now and I'm 14 years old. Now I look forward to getting out of school so I can meet with you and my friends...every time something happens in school to upset me or I'm nervous about a test I want to leave and go somewhere for a cigarette, but I can't so I walk around the room or pace back and forth and the teacher will tell me to sit down or else and I tell her to bring on the else cause I don't want to say I want a cigarette and I yell right back at the teacher...she will learn not to yell at me when I want you..."

"Dear Camel," is one of 114 letters compiled as part of a tobacco diversion program in which children were asked to give human characteristics to cigarettes.

Tobacco Retail Inspection Program (TRIP): TRIP was originally funded in 1999, through a contract with the U.S. Food and Drug Administration (FDA) to enforce federal regulations prohibiting the sale of cigarettes and smokeless tobacco to young people under the age of 18. In March 2000, however, the Supreme Court ruled that the FDA did not have the authority to regulate tobacco, and the FDA's funding of programs across the country was ended. In spring 2000, the Indiana TRIP was redesigned to enforce Indiana youth tobacco access laws with state funds. In conjunction with the Indiana Alcoholic Beverage Commission, TRIP enforces progressive penalties for retailers who sell tobacco to persons under the age of 18, and TRIP fines retailers who primarily sell tobacco products and fail to post a notice informing youth under age 18 that it is illegal for them to purchase tobacco products. Indiana Alcoholic Beverage Commission prosecutors issue notices of civil penalties and handle prosecution of violators. The TRIP program will be transferred to the Indiana Alcoholic Beverage Commission.

Serving the Hoosier Assurance Plan through Education (SHAPE): The goal of this initiative was to help consumers understand the Hoosier Assurance Plan and to help consumers locate providers of mental health and addiction services that are geographically close and convenient. Unfortunately due to budget constraints, the program was terminated in July 2002.

TECHNOLOGY

The Indiana DMHA has made substantial change in terms of data systems in the past two years. On July 1, 2000, the Community Service Data System (CSDS) was initiated, replacing the old MERR/QSPR database and providing online reporting of data assessment and service information from Managed Care Providers (MCPs). The development of this system was supported in part through a SAMHSA CMHS State Reform Grant. A Certification and Licensure database was created in SFY 2000, along with a Common Provider database; these databases contain integrated MCP, point-of-service, and certification information. Also, during SFY 2000, the state psychiatric hospitals implemented a new DSS-based centralized data system, replacing the old WANG system. This system serves the six state psychiatric hospitals.

Changes to the data systems and future improvements to data collection and reporting capabilities are fueled by growing federal reporting requirements. The Indiana DMHA is very aware of the importance of examining the outcomes of consumers who receive mental health and addiction services, and DMHA will take advantage of federal data infrastructure improvement grants toward the goal of developing outcomes measures. The DMHA works collaboratively with the FSSA Division of Technology Services, when appropriate, in order to gain the technical expertise in new system development.

The FSSA and DMHA website is being continually developed and expanded to serve the needs of the public. The site provides consumers with valuable information to use in seeking treatment, by describing what treatment service are available and listing contact information for providers in order to make access to treatment as easy as possible. Continued improvements in website content will provide access to even more information over the next biennium. The DMHA website can be accessed at <http://www.in.gov/fssa/servicemental/>.